

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN**

IN THE MATTER OF:

Administrative Inspection

Gerald E Sullivan MD
Sullivan Medical Clinic
6040 W. Lisbon Avenue, #200
Milwaukee, WI 53210

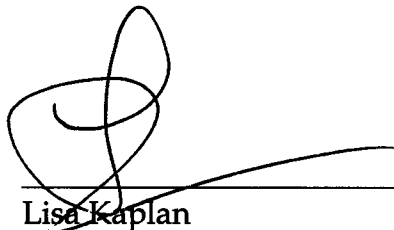
Case No. 19-M-042

RETURN FOR ADMINISTRATIVE INSPECTION WARRANT

Lisa Kaplan, Diversion Investigator, Milwaukee District Office, Drug Enforcement Administration (DEA), received an Administrative Inspection Warrant (AIW) on April 5, 2019, in the above matter. A true and correct copy of the AIW is attached hereto.

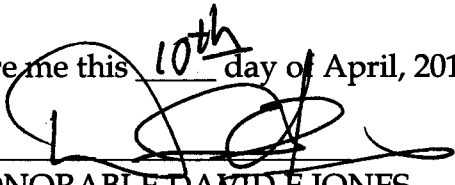
On April 8, 2019, at approximately 10:35 a.m., DEA Diversion Investigator Lisa Kaplan, along with other investigators, conducted an Administrative Inspection of the premises described in the AIW. A true and correct certified copy of the warrant was left with Gerald E Sullivan MD at 6040 West Lisbon Avenue, #200, Milwaukee, Wisconsin 53210.

During the course of the execution of the AIW, records and items were collected and a written inventory and receipt prepared as provided for in the AIW and pursuant to 21 U.S.C. § 880(d)(3). A copy of the receipt and inventory are attached hereto. In addition, copies of digital evidence were also obtained.

A handwritten signature in black ink, appearing to be 'Lisa Kaplan', written over a horizontal line.

Lisa Kaplan
Diversion Investigator
Drug Enforcement Administration

Subscribed and sworn to and returned before me this 10th day of April, 2019.



HONORABLE DAVID E JONES
United States Magistrate Judge
United States District Court for the
Eastern District of Wisconsin

1 OF 4

G-DEP IDENTIFIER	
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SULLIVAN, GERALD M.D.

DATE 4/8/19

4725 W. ELECTRIC AVE.
W. MILWAUKEE WI 53219

PURPOSE (If Applicable)

EVIDENCE

DI LAURIE KAUFMANN

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS

2 OF 4

TO: (Name, Title, Address (including ZIP CODE), if applicable)

6040 W. LISBON AVE, #200
MILWAUKEE, WI 53210

FILE NO.

G-DEP IDENTIFIER

FILE TITLE

SULLIVAN, GERALD M.P.

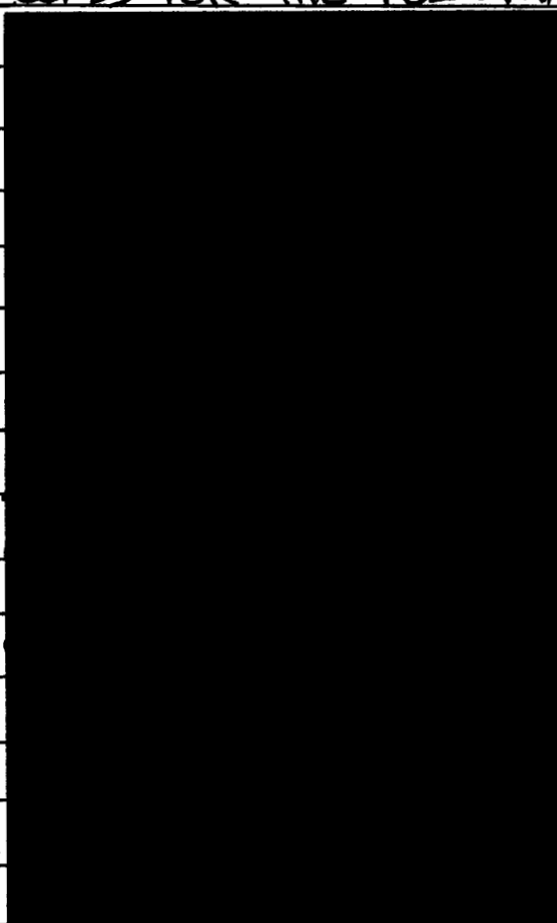
DATE

7/8/19

DIVISION/DISTRICT OFFICE

DEA
4725 W. ELECTRIC AVE.
W. MILWAUKEE, WI 53219

I hereby acknowledge receipt of the following described cash or other item(s),
which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
	MEDICAL RECORDS FOR THE FOLLOWING:	EVIDENCE
		

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

DI LISA KAPLAN

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

DI LAURIE KAUFMANN

RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE) if applicable)

G-DEP IDENTIFIER	
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6040 W. LISBON AVE., #200
MILWAUKEE, WI 53210

SULLIVAN, GERALD M.D.

4/8/19

DISTRICT OFFICE
DEA
4725 W. ELECTRIC AVE.
W. MILWAUKEE, WI 53219

AMOUNT or QUANTITY

PURPOSE (If Applicable)

MEDICAL RECORDS FOR THE FOLLOWING:

EVIDENCE

NOTHING FOLLOWS

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

DI LISA KAPLAN

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

DI LAURIE KAUFMANN

4 OF 4

G-DEP IDENTIFIER	
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DATE _____

4	8	10
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DEA

4725 W. ELECTRIC AVE.
W- MILWAUKEE, WI 53219

PURPOSE (If Applicable)

EVIDENCE

SEALED BOX - LYRICA 75 mg

18

Rx BOTTLES OF NON-CONTROLLED MEDICATIONS RETURNED BY PATIENTS

NOTHING FOLLOWS

NAME AND TITLE (Print or Type)

DI LISA KAPLAN

NAME AND TITLE (Print or Type)

DI LAURIE KAUFMANN